

PART B - FEE(S) TRANSMITTAL

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7590

05/16/2003

PATRICK T. KING

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FREEDOM, CA 95019-0688

144 Holm Road #39

Watsonville, CA 95076-2427

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Patrick T. King

(Depositor's name)

(Signature)

October 1, 2003

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/642,858	08/21/2000	John M. Callahan	NAN012	7733

TITLE OF INVENTION: ROM ERROR-CORRECTION CONTROL

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$650	\$0	\$650	08/18/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
TON, DAVID	2133	714-710000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Patrick T. King

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

NANOAMP SOLUTIONS, INC.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

1982-B Zanker Road

San Jose, CA 95112

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee 665.00☐ Publication Fee☒ Advance Order - # of Copies 10 30.00

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☒ A check in the amount of the fee(s) is enclosed. (\$695.00) Ck#6113☐ Payment by credit card. Form PTO-2033 is attached.☒ The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 110979 (enclose an extra copy of this form).

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10/1/03

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